

Official Form 5 (10/06)

United States Bankruptcy Court <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Northern District of Illinois </div>		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) Computer World Solutions, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) d/b/a X2Gen	
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.): <div style="text-align: center;">36-4487516</div>		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>	
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1550 Abbott Drive Wheeling, Illinois			
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <div style="display: flex; justify-content: space-between;"> Cook ZIP CODE 60090 </div>			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="display: flex; justify-content: center; margin-top: 5px;"> <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 </div>			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S. C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY	

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x <u>Patrick J. O'Malley, Assignee</u> Signature of Petitioner or Representative (State title) Yellow Freight </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed Patrick J. O'Malley, Assignee Development Specialists, Inc. 70 W. Madison Suite 2300 Chicago, IL 60602 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x _____ Signature of Attorney Date </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Attorney Firm (If any) Address Telephone No. </div> <div style="width: 50%;"></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x <u>Patrick J. O'Malley, Assignee</u> Signature of Petitioner or Representative (State title) Wells Fargo </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed Patrick J. O'Malley, Assignee Development Specialists, Inc. 70 W. Madison Suite 2300 Chicago, IL 60602 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x _____ Signature of Attorney Date </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Attorney Firm (If any) Address Telephone No. </div> <div style="width: 50%;"></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x _____ Signature of Petitioner or Representative (State title) Fifth Third Bank, a Michigan Banking Corp. </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed Dave Reid, Special Assets Grp RSCB3C 1830 East Paris Avenue Grand Rapids, MI 49301 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> x _____ Signature of Attorney Date </div> <div style="width: 15%; text-align: right;"> x _____ Signature of Attorney Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name of Attorney Firm (If any) Address Telephone No. </div> <div style="width: 50%;"> James Dasso, Foley & Lardner 321 N. Clark Street, Suite 2800, Chicago, IL 60610 312-832-4500 </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner Yellow Freight	Nature of Claim Freight	Amount of Claim \$6,618.10
Name and Address of Petitioner Wells Fargo	Nature of Claim Credit Advance	Amount of Claim \$39,032.91
Name and Address of Petitioner Fifth Third Bank	Nature of Claim Loan	Amount of Claim \$10,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$55,651.01

continuation sheets attached

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Official Form 5 (10/06) – Cont.

Computer World Solutions,
Name of Debtor Inc.
Case No. _____

11

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
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<div style="margin-bottom: 10px;"> x _____ Signature of Petitioner or Representative (State title) Yellow Freight </div> <div> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity Patrick J. O'Malley, Assignee Development Specialists, Inc. 70 W. Madison, Suite 2300 Chicago, IL 60602 </div>	<div style="margin-bottom: 10px;"> x _____ Signature of Attorney _____ Date _____ </div> <div> Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____ </div>	
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<div style="margin-bottom: 10px;"> x _____ Signature of Petitioner or Representative (State title) Fifth Third Bank, a Michigan Banking Corp. </div> <div> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity Dave J. Reid, Special Assets Group Fifth Third Bank 1023 West 55th Street Countryside, IL 60525 </div>	<div style="margin-bottom: 10px;"> x Signature of Attorney _____ Date 11/9/07 </div> <div> Name of Attorney Firm (If any) James Dasso, Foley & Lardner 321 N. Clark Street, Suite 2800, Chicago, IL 60610 Address _____ Telephone No. 312-832-4500 </div>	
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Last four digits of Soc. Sec. No./Complete EIN or other Tax ID No. (If more than one, state all):			
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ZIP CODE 60090			
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